

**Title 9—DEPARTMENT OF MENTAL HEALTH  
Division 45—Division of Developmental Disabilities  
Chapter 7—Standards for Provider Contracts**

**PROPOSED RULE**

**9 CSR 45-7.060 Provider Status**

*Purpose: This rule establishes practices to place providers on Improvement Plans, Critical Status Plans, and/or No Growth/No Referral Status.*

- (1) The Division, in its discretion, shall place providers on an Improvement plan and request a written plan from the provider to be submitted within thirty (30) days for reasons including but not limited to:
  - (A) The provider's performance of service delivery indicates there is need for systems improvement to prevent an issue(s) from developing into a more serious situation;
  - (B) The provider experiences a reduced level of accreditation due to concerns in the areas of health or safety.
- (2) Improvement Plans shall be reviewed at least every thirty (30) calendar days for progress and updated as needed. The Improvement Plan shall be time-limited and may not exceed ninety (90) calendar days.
- (3) The Division, in its discretion, shall place providers on Critical Status and design the written plan for reasons including but not limited to:
  - (A) Refusal to submit an Improvement Plan as indicated in (1);
  - (B) A significant increase in issues related to health, safety and/or rights for an individual or provider occurs;
  - (C) Failure of the appropriate preparation, prevention or response to a naturally occurring or unexpected event that poses a threat to the health or welfare of the individual (e.g. death, serious accident, flood, power outage);
  - (D) Improvement Plan is not being implemented;
  - (E) Reviews show a consistent or continued lack of internal quality assurance activity/action, relies on external quality activities of regional office, reacting/making improvements only at that time;
  - (F) Issues in the Improvement Plan are not being resolved.
- (4) Critical Status Plans shall be reviewed at least every thirty (30) calendar days for progress and updated as needed. The Critical Status Plan shall be time-limited and may not exceed one hundred eighty (180) calendar days.
- (5) The Division, in its discretion, shall place providers on No Growth/No Referral for reasons including but not limited to:
  - (A) Administrator/owner/operator is being investigated for a disqualifying offense, e.g., sexual or physical abuse, neglect, misuse of funds, or a criminal record;
  - (B) An unexpected death in which the initial review finds suspicion of abuse or neglect;

- (C) Failure to meet Medicaid waiver service requirements;
  - (D) Provider has been placed on Conditional Status;
  - (E) Provider loses or gives up Accreditation because of inability to meet standards;
  - (F) There are multiple issues identified from reviews conducted by the Division, certification surveys or accreditation surveys;
  - (G) There are patterns of concerns repeatedly occurring for an individual or organization and/or a significant increase in concerns for an individual or provider, e.g., repeated episodes of abuse & neglect;
  - (H) There are repeated conditional status, critical status plans, improvement plans and/or certification plans of correction; two (2) or more of any of these plans over a period of two (2) years;
  - (I) A critical incident occurred where negligence was discovered;
  - (J) There is lack of follow up on issues;
  - (K) Failure to comply with the contract.
- (6) No Growth and/or No Referral status may not exceed one hundred eighty (180) calendar days.